



**STATE OF DELAWARE  
DELAWARE HEALTH AND SOCIAL SERVICES  
DIVISION OF MEDICAID & MEDICAL ASSISTANCE  
POLICY PLANNING AND QUALITY**

**MEMORANDUM**

REPLY TO  
ATTN. OF: Administrative Notice DMMA -01-2016

TO: All DMMA Staff

DATE: November 5, 2015

SUBJECT: 2016 Adult Foster/Residential Care Payment Levels

**BACKGROUND**

Each year the Social Security Administration announces whether or not an annual cost-of-living adjustment (COLA) will be implemented. The full amount of the COLA, if any, is passed along to all individuals who are certified for State Supplementation in Adult Foster Care Homes and Residential Care Facilities. The Social Security Administration has announced that there will be no COLA for 2016.

**DISCUSSION**

Since there will be no COLA for 2016, the attached Schedule of Payment Levels will remain the same for 2016. The sponsor rate for 2016 will be no more than \$742.00 per month for an individual and no more than \$1,317.00 per month for a couple. The personal needs amount for an individual residing in an Adult Foster Care Home or a Residential Facility will be no less than \$131.00 per month. The personal needs amount for a couple will be no less than \$231.00 per month.

**DIRECT INQUIRIES TO**

Kathleen J. Mahoney  
(302) 424-7214

November 5, 2015

Date

Glyne Williams

Glyne Williams, Chief  
Policy, Planning and Quality  
Division of Medicaid & Medical Assistance



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**SCHEDULE OF PAYMENT LEVELS**

January 1, 2016 to December 31, 2016

**FEDERAL BENEFIT**

Effective January 1, 2016, the Federal Cost of Living Adjustment (COLA) will be 0.0%. Therefore, the following schedule will reflect no change from 2015 levels.

The Federal Benefit Rate (FBR) for a recipient with no countable income before and after the adjustment is:

	01-01-2015	01-01-2016
	To	To
	12-31-2015	12-31-2016
<b>LIVING ARRANGEMENT</b>		
Individual in own household	\$733.00	\$733.00
Couple in own household	\$1,100.00	\$1,100.00
Individual in household of another	489.00	\$489.00
Couple in household of another	733.00	\$733.00
Individual in Title XIX facility	\$30.00	\$30.00
Couple in Title XIX facility	\$60.00	\$60.00

**OPTIONAL STATE SUPPLEMENT**

For an individual/couple certified by the Division of Aging and Adults with Physical Disabilities, the Division of Developmental Disabilities Services or the Division of Medicaid & Medical Assistance as residing in an Adult Foster Home or a Rest Residential Facility, the following schedule will apply:

	01-01-2015	01-01-2016
	To	To
	12-31-2015	12-31-2016
<b>Federal Benefit Rate</b>		
Individual	\$733.00	\$733.00
Couple	\$1,100.00	\$1,100.00
<b>Optional State Supplement</b>		
Individual	\$140.00	\$140.00
Couple	\$448.00	\$448.00
<b>Total Payment Level</b>		
Individual	\$873.00	\$873.00
Couple	\$1,548.00	\$1,548.00
<b>Sponsor Rate (no more than)</b>		
Individual	\$742.00	\$742.00
Couple	\$1,317.00	\$1,317.00
<b>Personal Needs (no less than)</b>		
Individual	\$131.00	\$131.00
Couple	\$231.00	\$231.00